

Date	Date REQUISITION BLANK											
	PLEASE FURNISH AND DELIVER TO											
QUANTITY OR UNIT		UNIT										
ORDERED DELIV'D	DESCRIPTION	PRICE	AMOUNT	ACCT. NO.								
ORDERED DEELV D	A A	111102	7	7.0011110								
	y											
AUTHORIZED BY	ORDERED BY	GOODS RECEIVED BY										
	•											

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PRESCRIBED BY STATE B	BOARD OF ACCOUNTS	:				GENERAL F	FORM NO. 98 (REV. 1998)
	7071112 01 7100001110	•	PURCHASE	ORDER		02.112.10.12.1	<u> </u>
NOTE: NO CLAIMS WILL	BE APPROVED		i ononao.	LONDEN			
FOR PAYMENT UNLESS O							
OF THIS ORDER OR THE F	P.O. NUMBER IS		GOVERNMENT	AL UNIT	-	P.O. NO	
MADE A PART OF THE VO	UCHER.					This no. must be s	shewn on invoice, claim,
					_	and deli	ivery memos.
то			ADDRE	SS		DATE	
							
ADDRESS						REQ	
CITY						IN ACCORDANCE WIT	H BID AND
						CONTRACT DATED	
						If subject to discount	
SHIP VIA						indicate on Invoice or	Claim.
CHARGE TO APPROPRIATION F	OR				APPROPRIATION NUM	BER	
			DECORIDATION				AMOUNT
QUANTITY	UNIT		DESCRIPTION		UNIT PRICE		AMOUNT
			1	OIL			
			SAL				
				TOTAL AMO	JNT OF ORDER	\$	
I HEREBY CERTIFY	THAT THERE IS AN U	NOBLIGATED BALANCE IN	THIS		BILLING ON THIS ORDER MUS	T BE ACCORDING TO	PRICES SHOWN ABOVE
APPROPRIATION SU	FFICIENT TO PAY FOR	R THE ABOVE ORDER			ORDER BY		
						Title	
EEDE	RAL EXCISE TA	VEVEMBT			INDIANA	RETAIL TAX EXE	MDT
	INAL LAUISE IA	A LALIVIF I			INDIANA	TETAIL TAX EXE	
					CERTIFICATE	: NO	
			ORIGINAL - VENE	OOR'S COPY			

Prescribed by State Board of Accounts School Form No. 523 (1995)

ACCOUNTS PAYABLE VOUCHER

Terms Date Due Description Oute Number (or note attached invoice(s) or bill(s)) Amount Total Total Preby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge	Payee	Purcha	ase Order No.
Invoice Invoice Number (or note attached invoice(s) or bill(s)) Amount Total Total Tereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge		Terms	
Date Number (or note attached invoice(s) or bill(s)) Amount Total Tereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge			ue
Total hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge			Amount
ereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge			
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hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge		11/6/35	Total
		s), or bill(s), is (are) true and correct and that the materials or services ite	emized thereon for which charge
Signature Title			T'0

VOUCHER NO.	WARRANT NO.			
			-	PAYEE
	Charge These Appropriation			
		<u> </u>	-	
Account Number	Account Name	Amount		
			•	
		(10)		[5]
	0//		-	We have examined the invoice(s) or bill(s)
			-	attached and are approving such invoice(s), bill(s) in the amount of
			•	\$
			-	APPROVED,
			-	
			•	
			-	
			-	
			•	
			-	BOARD OF SCHOOL TRUSTEES
	Total		-	DOARD OF SCHOOL TRUSTEES

Prescribed by State Board of Accounts PAYROLL SCHEDULE AND VOUCHER PAYROLL SCHEDULE AND VOUCHER

For	(Office	e, Board	, Dep	partment o	r Institut _ and E	ion) nding				_, 19			NOTE:	to which and	employee migh	t be entitled by e "Days Lost" c	the days or hours w law and under the olumn will apply onlys.	leave policies est	ablished					Page	of	Pag Fund
						DAYS C	R HOURS	S IN PE	RIO)									DEDUCTIO	NS						
										Other	Total										Insurance	Re	tirement		Amount of	
		Approp). 							eave	Days														Warrant	
		No.	С						С		or									С		C			ļ	
		or	0						0		Hours	Rate			Fed.	Social		State	County	0		0			(Gross Pay	
			1 1	Noncash		Sick				Days	1				W/H	Security	Medicare	W/H	W/H	d		d			Less	Warrant
_	NAME OF EMPLOYEE	Title	е	Benefits	Worke	Leave	Leave	Days	е	Hours	Paid	Pay	Gross Pay	Total	Tax	Tax	Tax	Tax	Tax	е	Amount	е	Amount		Deductions)	Number
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7															WB 1										 -	
8													1		7 12											
_			+						-											+						

CODES FOR OTHER LEAVE, INSURANCE AND RETIREMENT A "Code" column has been provided to describe other leave and insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type.

Totals

10. 11. 12. 13.

14. 15. 16.

REGULAR TIME AND OVERTIME

E X H I B

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Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

PAGE 2

		ss for eing n eithe				CLAIM NO to	Appropriation or Account Title	BUTION OF EX Approp. or Acct. No.	PENSE
Name		nas performed the servico ployee listed hereon is b n employee is based upo : that this payroll totalling	(Signature)	(Official title)	Disbursing Officer	PAYROLL OF	Account file	Acct. No.	Amou
	to	ereby certify that I have examined the time record of each employee listed on Pages to of this payroll, that each employee has performed the services for hich the salaries or compensation is paid: that to the best of my knowledge and belief no part of the salary or compensation or any employee listed hereon is being wided or paid to any person on account of or by the reason of his employment: that the compensation listed opposite the name of each employee is based upon eithe raduatory authority and is justly due each such employee: that the deductions have been authorized for the purpose stated: that this payroll totalling Basic Pay			ald	Total Gross Pay DEDUCTIONS Federal WiH Tax Social Security Tax Medicare Tax State WiH Tax CAGIT Insurance Retirement			
		of each employee listed on Pages the best of my knowledge and belief he reason of his employment: that th ach such employee: that the deductic proved.		y as follows:		Net Amount of Warrants \$	Total Gross Pay FILED		
,4,4,7,	Title	rify that I have examined the time record salaries or compensation is patic; that to paid to any person on account of or by the regulatory authority and is justly due ear is correct and has by me been apply any correct and has by me been apply and the beautiful and the beautiful and the baseline		nave examined the within claim and hereby certify as follows: his is in proper form. hat it is duly authenticated as required by law. contract. hat it is based upon { statutory authority.	correct. $\begin{cases} \text{correct.} \\ \text{incorrect.} \end{cases}$	In the Sum of \$	FILED		
2		areby certify hich the sala vided or pai atutory or re Basic Pay	Jared	nave exensis in pratitis d	nat it is a	(Board of Commission)			or :

cribed by State Board of Acco	unts						General Form N
		М	ILEAGE CLAI	М			
(GO	/ERNMENTAL UNIT)			то			
OFFICE, BOARD,	DEPARTMENT OR INSTITUTION)			ON ACCOUNT	OF APPROPRIATION NO	FOR	
DATE	FROM	ТО	••	OMETER DING+		AUTO MILES	MILEAGE @¢
19	POINT	POINT	START	FINISH	NATURE OF BUSINESS	TRAVELED	PER MILE
				A			
		\					
	AUTO LICENSE NO.				TOTALS		

Pursuant to the provisions and penalties of	Chapter 155, Acts 1953, I hereby certi	ify that the foregoing account is just a	and correct, that the amount claimed is	s legally due, after allowing all just credit
and that no part of the same has been paid.				

Date		

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That it is apparently S On Account of Appropriation No	Claim No Warrant No IN FAVOR OF	I have examined the within claim and hereby certify as follows: That it is in proper form. That it is duly authenticated as required by law. That it is based upon statutory authority.
On Account of Appropriation No		That it is apparently
Allowed In the sum of \$ (Board or Commission) In the sum of \$ (Board or Commission)	\$	
FILED	On Account of Appropriation No for	Disbursing Officer
N I	Allowed,	PAGE e mileage d by me and r mile is in

(Official Title)

Prescribed by State Boa	ard of Accounts				School Form No. 504
	(NAME OF SCHOOL CORPORATION)		(Address)	
S	SCHEDULE OF PAYMENTS DUE SCHOOL I FOR PUPIL TRANS	BUS INDEPE			S
School					
No. of days in	period Period from t	0	, 19 Da	ate of Checks _	
Route		Per Diem	Days	Amount of	Check
Number	Name of Contractor	Rate	Served	Check	Number
- Marrison	riame of contractor	rato	Corvou	Oncor	T T T T T T T T T T T T T T T T T T T
	4				
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	SALVE				
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To	tal this page			\$	
	otal this schedule			\$	

CLAIM NUMBER		Date	exa perf any liste this	of L	STA
Check Nosto(Inclusive)		e	mined to formed to contract oppositions and oppositions are scheduled to the following		TE OF
SCHEDULE OF PAYMENTS DUE SCHOOL BUS INDEPENDENT CONTRACTORS FOR			examined the service recoperformed the services fo performed the services for any contractor listed here listed opposite the name of this schedule totaling \$		STATE OF INDIANA,
(Name of School)			ord of r whic on is of eac		
Total amount of checks \$			each th the being		
I have examined the within claim and hereby certify as follows: That it is in proper form. That it is duly authenticated as required by law. That it is based upon contracts. That it is apparently Correct. incorrect.			(School Corporation) examined the service record of each contractor listed on Pages performed the services for which the compensation is to be paid; that to the bes any contractor listed hereon is being divided or paid to any other person on accolisted opposite the name of each contractor is based upon the contract on file for this schedule totaling \$ is correct and has by me been approved	Name	COUNTY, SS:
(Disbursing Officer)	(Official Title)		best o account for th		, si
Allowed,	Title)		(School Corporation) examined the service record of each contractor listed on Pages to of this schedule; that each contractor has performed the services for which the compensation is to be paid; that to the best of my knowledge and belief no part of the compensation of any contractor listed hereon is being divided or paid to any other person on account of or by reason of his employment, that the compensation listed opposite the name of each contractor is based upon the contract on file for the route Isited and is justly due each such contractor; that this schedule totaling \$	(Title)hereby certify that I have	
(Board or Commission)					

EXHIBIT F PAGE 2

ACCOUNTS PAYABLE VOUCHER REGISTER

		Governmental Unit Agency		should appear vouchers are a accounts payal	only llowe ble vo	on the final page ed. (2) The Mer ouchers if disallo	e of e morar owed	ach meeting in wh ndum column is for	of governing board iich accounts payable r entering action on , if continued to a later on.		
		, to						Page	of		
Prescribed I	by State Board or A	Accounts							General Form No. 3	34 (1997)	
DATE FILED	VOUCHER NUMBER	NAME OF CLAIMANT	OFFICE, DEPARTMENT OR FUND	AMOUNT OF		AMOUNT ALLOWE		CHECK/ WARRANT NUMBER	MEMORANE (See Note (2) A		
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Thereby certify that each of the above listed vouchers and the invoices, or bills attached thereto, are true and correct and I have aud same in accordance with IC 5-11-10-1.6. Fiscal Officer ALLOWANCE OF VOUCHERS (IC 5-11-10-2 permits the governing body to sign the Accounts Payable Voucher Register in lieu of signing each claim the governing body is We have examined the vouchers listed on the forgoing accounts payable voucher register, consisting of	DATE FILED	VOUCHER NUMBER	NAME OF CLAIMANT	OFFICE, DEPARTMENT OR FUND	AMOUNT OF VOUCHER	AMOUNT ALLOWED	CHECK/ WARRANT NUMBER	MEMORANDUM (See Note (2) Above)
I hereby certify that each of the above listed vouchers and the invoices, or bills attached thereto, are true and correct and I have audisame in accordance with IC 5-11-10-1.6. Fiscal Officer ALLOWANCE OF VOUCHERS (IC 5-11-10-2 permits the governing body to sign the Accounts Payable Voucher Register in lieu of signing each claim the governing body is We have examined the vouchers listed on the forgoing accounts payable voucher register, consisting of pages, and except for vouchers not allowed as shown on the Register such vouchers are allowed in the total amount of \$ Dated this day of,								
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SIGNATURES OF GOVERNING BOARD

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LEDGER OF APPROPRIATIONS, ALLOTMENTS, ENCUMBRANCES, DISBURSEMENTS AND BALANCES

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EXPENDITURE ACCOUNT TITLE	ACCOUNT NUMBER

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DEPOSITORIES AND INVESTMENTS

Column 1 Column 2 Cash on Hand Beginning of Day (Line 11, preceding page) XXXXX Add Receipts for the Day (Line 1, Col. 2, opposite page) XXXXX 2 Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page) 3 XXXXX 4 XXXXX 5 Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page) XXXXX Net Cash on Hand for which Accountable 6 XXXXX Cash on Hand Close of Day (Per Cash Count): 7 Currency XXXXX 8 Coins XXXXX 9 Checks and Money Orders XXXXX 10 Total Cash on Hand Close of Day XXXXX 11 Deduct Advances for Cash Change Fund (If not included in Ledger Balances) XXXXX 12 Net Cash on Hand (After Deducting Advances) XXXXX 13 Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page) XXXXX 14 Total Cash on Hand an in Depository 15 XXXXX Add Cash Under XXXXX 16 Deduct Cash Over XXXXX 17 XXXXX 18 Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page) XXXXX 19 Proof (Must equal Record Balance Close of Day, Line 3, Col. 6) XXXXX 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

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FORM PRESCRIBED BY STATE	BOARD OF A	CCOUNTS									FOR	M NO. 51	4 (REV. 196
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					SCHC	OL YEAR 2	20 2	20		SOC. SEC. NO			
SCHOOL CORPORATION	ν			_	COUNTY _			NAME		RETIREMENT NO.			
DATE EMPLOYED		-	CONTRACT	\$	PER DAY \$			ADDRESS					
SCHOOL CORP. OF LAS	T EMPLOYN	MENT			ACCUMUL	ATED SICK LEA	AVE EARNE	ED	CREDIT TO DAT	E (EXCLUDING THIS SCHOO	OL YEAR)		-
PAY PERIOD ENDING MONTH OR OTHER ACCUMULATED LEAVE I	BROUGHT F	LOST ORWARD			FAMILY DEATH DAYS USED (EARS)	PERSONAL OR CIVIC AFFAIRS DAYS USED		GROSS SALARY	BALANCE SICK & QUARANTINE DAYS UNUSED	NAME OF SUBSTITUTE EMPLOYED DURING ABSENCE OF REGULAR TEACHER	NO. OF DAYS EMPLOYED	PE PA	RATE ER DAY AID TO STITUTE
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General Payroll Form No. 99A (Rev. 1998)

(Unit)

EMPLOYEE'S SERVICE RECORD

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* EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

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EXHIBIT N

Prescribed by S	tate Board of Accounts			Form No. 509 (1967)
		. Ti	Fund	<u>-</u>
Appr. No.	 	Pay to the Order of		e
	⁵			
		In Payment of Claim No.	Treasurer	
Prescribed by S	tate Board of Accounts		Fund	Form No. 509 (1967)
Appr. No.	\$	Pay to the SAMPLE Order of	No	-
	\$ \$	Pay to the Order of		\$Dollars
		In Payment of Claim No.	100	
			Treasurer	
Prescribed by S	tate Board of Accounts	T	Fund No	Form No. 509 (1967)
Appr. No.	\$\$ \$ \$	Pay to the SAMPLE		\$
		In Payment of Claim No.	100	Dollars
			Treasurer	
Prescribed by S	tate Board of Accounts		Fund	Form No. 509 (1967)
Appr. No.	\$ \$ \$ \$ \$	Pay to the Order of	No	<u>-</u>
	\$\$	In Payment of Claim No.	100	
			Treasurer	
Prescribed by S	tate Board of Accounts		Fund	Form No. 509 (1967)
Appr. No.	 \$	Pay to the Order of	No	_
	\$\$	Order of	100	_\$Dollars
			Treasurer	

Prescribed by State Board of Accounts	PAYROLL CHECK	Form No. 516 (1967)
Fund PR Claim No.	Pay to the Order of SAMPLE	\$
	Hours Gross Federal Social State Worked Pay With Tax Security With Tax	Retire- Insur- ment ance
		Treasurer
Prescribed by State Board of Accounts Fund	PAYROLL CHECK	Form No. 516 (1967)
Fund PR Claim No.	Pay to the Order of SAMPLE	\$ Dollars
	Hours Gross Federal Social State Worked Pay With. Tax Security With. Tax	Retire- Insur- ment ance
		Treasurer
Prescribed by State Board of Accounts	PAYROLL CHECK	Form No. 516 (1967)
Fund PR Claim No.	Pay to the Order of SAMPLE	\$
	Hours Gross Federal Social State Worked Pay With. Tax Security With. Tax	Retire- Insur- ment ance
		Treasurer
Prescribed by State Board of Accounts	PAYROLL CHECK	Form No. 516 (1967)
Fund PR Claim No.	Pay to the Order of SAMPLE	\$
	Hours Gross Federal Social State Worked Pay With Tax Security With Tax	Retire- Insur- ment ance
		Treasurer
Prescribed by State Board of Accounts	PAYROLL CHECK	Form No. 516 (1967)
Fund PR Claim No.	Pay to the Order of SAMPLE	No. P\$\$
	Hours Gross Federal Social State Worked Pay With Tax Security With Tax	Retire- Insur- ance
		Treasurer

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(Revised 1983)

REGISTER OF INVESTMENTS

Name of Unit	Fund

(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

Dat		Nature		SAFEKEEPII	NG RECEIPT		Rate AMOUNT PAID			Date	AI	MOUNT RECE	IVED	EAR	INT NED	EREST REC	CEIVED		
of Purch		of Investment	Serial No.	Issued By	No.	Maturity Date	of Interest	Maturity Value	Principal	Accrued Interest	Total Paid	Sold or Redeemed	Principal	Interest	Total Received	Date	Amoun	Date	Amount
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of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with

a reference to such attached list instead of further itemization.

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Issuing Officer

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CAPITAL ASSETS LEDGER

FUND	
DEPARTMENT OR BUILDING	

								Amount							
	Date of	5	Serial		Original Cost of	Estimated Life of	Date of Disposal of Fixed Asset	Received on Disposal or				Improvements Other Than	Machinery and	Construction in	Total Fixed
-	Purchase	Description of Asset	Number	Location of Asset	Asset	Asset	Fixed Asset	Trade in	Land	Infrastructure	Buildings	Buildings	Equipment	Progress	Assets
1															
2														.	
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EXHIBIT

Prescribed by State Board of Accounts

School Form No. 515 (Revised 2002)

TRANSFER TUITION STATEMENT

School Year 19____ - 20____

TO:			School Corporation		County
	(Transferor Corpor	ation)			_
FROM:			School Corporation		County
	(Transferee Corpor	ration)			_
Number of Days Scho	ool was in Session for Pupil	Attendance			
,	·				•
Vindorgardon	Pupil Enrollment	%	Special Dragram #	Pupil Enrollment	%
Kindergarden Elementary			Special Program # Special Program #		
Middle/Jr. High			Special Program #	3	
Senior High School			Special Program #		
GENERAL FUND OP CLASSIFIED BUDGE	PERATING COSTS ACCOR	RDING		Class of So	hool
	REGULAR AND SPECIAL F d/or 12000, and 16100 and/or			\$	
Accounts 11000 and	a/or 12000, and 10100 and/or	10200 - Ocherari una Only		Ψ	
	ICES - ADMINISTRATION 120, 23160, 23190, 23200, ar	id 24000 - General Fund Or	alv.		
			"'		
	ICES - ATTENDANCE, HEA ough 21500 - General Fund O	•	- 57(M)		
4. SUPPORT SERVI Accounts 25400 - G	ICES - OPERATION AND IN	MAINTENANCE			
5. SUPPORT SERVI Accounts 25100, 25	ICES - BUSINESS 200 (excluding 25291) and 25	700 - General Fund Only	SALVIII		
6. SUPPORT SERVI	ICES OTHERS	<u> </u>			
	600, 26000, 29000, and trans	fers to Self-Insurance Fund	- General Fund Only		
7. NONPROGRAMM	IED CHARGES Accounts 4	1100 through 41700 for exp	enses on line 1 - 6		
	neral Fund through other ager	•			
8. TOTAL OPERATII	NG COSTS Lines 1 through	7 - General Fund Only		\$	
		TDANCE	OCRTATION		
		IRANSF	PORTATION		
•	school corporation to which		statement ONLY in instances where the the tatement on the state of the		
Costs of Transportation	on Fund - Accounts 25500 (evcent 25550) and 26400	1	r.	
Total Number of Pupil		except 20000) and 20400	,	\$	
Cost per Pupil Transp				\$	
		f days school was in session	n equals cost per pupil per day:	Ψ	
\$	/ \$	= \$,		
Cost per pupi	l per day multiplied by total da	ys transported equals cost of	— of transporting pupils named in this statemer	nt:	
\$	X	=		\$	
LESS: State	transportation distribution for t	ransferred pupils			
\$	//	= \$	_/X	= \$	
Distributi	ion Total Pupils Transported	Distribution Per Pupil	Days School # Days in Session Transported		
NET AMOUNT DUE F	FOR TRANSPORTATION			\$	

STATEMENT OF ENROLLMENT, TRANSPORTATION AND ATTENDANCE

Name of Pupil Transferred	Date of Birth	Grade	Date First Enrolled	Date Last Enrolled	# Days Enrolled	in ADM	Days Provided Transpor- tation	Category	Voc. Ed Additional Pupil Count	Days Attended in ADA Count Period
TOTALS	XXX	XXX	xxxxx	xxxxx		XXXXX		XXXXX		

EXHIBIT U PAGE 3

Class of School

Total pupil days enrolled divided by the numb for pupil attendance equals full time pupil equ		
//		
Total Operating Costs (from line 8, page 1) di equals Per Capita Cost.		
\$ /	= \$	
Per Capita Cost (Section B) times full time pu		nount
due for Operating.	- ¢	¢
\$ XX	= <u> </u>	\$
LESS the following state or local distributions student(s) is included: (Refer to the instruction Public School Corporations)		
Prime time grant under IC 21-1-30 (Grade	s K-3) \$	
Tuition Support for basic programs		
Enrollment Growth Grant under IC 21-3-1	7-9.5	
At Risk grant under IC 21-3-1.7-9.5		
Academic Honors Diploma Award under IC 21-3-1.7-9.8		57/
Vocational Education Grant under IC 21-1	2	
Special Education Grant Under IC 21-3-2.	1	
The portion of the ADA Flat Grant that is available for payment of general operating expenses under IC 21-3-4.5-2(b)(1)		
The following do not apply to transfers und IC 20-8.1-6.1-3 (Cash Transfers): Financial Institutions Tax (FIT)	der	
Vehicle Excise Tax		
Commercial Vehicle Excise Tax		
(NOTE: FIT & Excise Tax are amounts re	ceived in Calendar Year in which school ye	ear begins)
Property Tax		
County Adjusted Gross Income Tax (CAG	IT)	<u></u> \$
Net Amount Due for Operating (Section C Min	nus Section D)	\$
Net Amount Due for Transfer Tuition - Op-	·	<u>·</u>
Net Amount Due for Transfer Tuition - Spe		
Net Amount Due for Transportation (from		
TOTAL net amount due for Transfer Tuition		
Less Quarterly Payments:		
Date	Estimated Amount	
First Quarter	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		
Third Quarter		
Total Quarterly Payments	<u>\$</u>	
Balance Due	<u>\$</u>	

Page 3 of 4

CERTIFICATION OF SPECIAL EQUIPMENT

I,			, Treasurer	of		· · · · · · · · · · · · · · · · · · ·	School
Corporation,	Cour	nty, Indiana, hereb	y certify tha	at the cost of thi	is corporation's spe	ecial equipmer	nt is as follows:
A		В	С	D	E	F	G
Description		Original Cost	Year Pur.	Est. Life	Annual Allocated Cost	Number of Students	Special Equp. Cost for Student Named on Pg 2
		\$			\$		\$
		<u> </u>			, , , , , , , , , , , , , , , , , , ,		<u> </u>
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
			W JUST				-
	Ç						
Total Special Equipment Cos	ts						\$
I further certify that the within by the proper legal officers of	:						
instance of a cash transfer; a							
as the parent or other person	-					nts under IC 2	20-8.1-6.1 that
the transfers were issued by t	the proper legal	officer of			_ County.		
Also that the foregoing staten for transportation of children v							
Date:	, 20	(Signed)					
		- ,	·		Treasurer		

Governmental Unit

RECEIPT REGISTER

							Paymen						ment	Туре	and.	Amoı	unt											
Receipt Date	Receipt Number	Rece Amou	ipt ınt	Received From	Fund	Description		Cash Amount			Check Am				M: Amo	0		Credit Card/ Bank Card Amount			EFT Amount		t		Oth	ner		
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		$\square\square$					Ш	4	Ш	4	4	Щ		Ш	\coprod	$\downarrow \downarrow$	\coprod	$\perp \downarrow \downarrow$	41	Ш	_	Ш	$\downarrow \downarrow$	Ш	\coprod	Ш	Ш	\square
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